

CDC COVID-19 Vaccination Program

90 Day Initiative – Sub-Provider Agreement for Long Term Care Facilities



The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. **This sub-provider Agreement is only for use by long term care facilities (LTCF) not already enrolled as full providers in the CDC COVID-19 Vaccination Program** that wish to access single dose vial COVID-19 vaccine through enrolled pharmacy providers for direct administration by the LTCF to their residents and staff. This Agreement is interim and valid through March 15, 2023, unless extended by CDC.

Upon receipt of COVID-19 vaccine from a pharmacy provider enrolled in the CDC COVID-19 Vaccination Program, your Organization will be deemed to have agreed to the requirements of this Agreement.

LONG TERM CARE FACILITY IDENTIFICATION

Organization's legal name:

Facility address:

Email (*must be monitored and will serve as dedicated contact method for the CDC COVID-19 Vaccination Program*):

Organization telephone number:

Organization CCN (CMS certification number):

RESPONSIBLE OFFICERS

For the purposes of this Agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in the Agreement.

Organization's chief medical or nursing officer (or equivalent) and chief executive officer (or chief fiduciary) — collectively Responsible Officers — must complete this Agreement.

Chief Medical or Nursing Officer (or Equivalent) Information

Last name: _____ First name: _____ Middle initial: _____
Title: _____ Licensure (state and number): _____

Telephone number: _____ Email: _____
Address: _____

Chief Executive Officer (or Chief Fiduciary) Information

Last name: _____ First name: _____ Middle initial: _____
Telephone number: _____ Email: _____
Address: _____

DESIGNATED ENROLLED PHARMACY PROVIDING DOSES TO ORGANIZATION'S FACILITY

Pharmacy name:

Pharmacy address:

Name of pharmacist contact:

Pharmacy/pharmacist contact telephone numbers and e-mail addresses:

To receive one or more of the publicly funded single dose vials of COVID-19 vaccines (COVID-19 Vaccine), constituent products, and ancillary supplies at no cost from the designated enrolled pharmacy, Organization agrees to the following requirements –

1. Organization may order COVID-19 vaccine from the designated enrolled pharmacy for direct administration by Organization to their residents and staff.
2. Organization must store, prepare and administer COVID-19 Vaccine in accordance with all applicable requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP) specified in this Agreement and, as applicable, as updated on the CDC provider agreement update website at: <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>¹

3. Vaccine Administration Data - Facility Records and Immunization Information System

Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record Vaccine Administration Data in the medical record of any vaccinated resident or staff member and, if required under the state Immunization Information System (IIS) statute, report such Vaccine Administration Data for all doses administered to the relevant state, local, or territorial IIS.²

If otherwise not required under state law, Organizations subject to this sub-provider Agreement are not required to report Vaccine Administration Data to the IIS under this Agreement. However, Organization is encouraged to voluntarily enter such Data, and Organization consents to provide such Data to CDC, upon request, to allow CDC to submit such Data to a third party designated by CDC for that entity to submit the Data to the IIS on Organization's behalf, or to otherwise assist with entry of the Data into the IIS.

Organization must preserve the vaccine recipient's record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Organization must make such

¹ This Agreement expressly incorporates all applicable updates posted on this CDC provider agreement update website and other recommendations, requirements, and other guidance that this Agreement specifically identifies through weblinks, as may be updated. Organization must monitor such identified guidance for updates and comply with those updates.

² <https://www.cdc.gov/vaccines/programs/iis/index.html>

records available to any federal, state, local, or territorial public health department to the extent authorized by law.

4. Organization must not sell or seek reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost.

5. **Administration Fees**

Organization must administer COVID-19 Vaccine at no cost to the recipient regardless of the individual's ability to pay COVID-19 Vaccine administration fees or coverage status. Organization may seek appropriate reimbursement from a program or insurer that covers COVID-19 Vaccine administration fees for the vaccine recipient.

6. **Consent and Recipient Fact Sheet**

COVID-19 vaccination must be done in conformance with the Organization's standard policies for obtaining consent, including if those policies allow vaccination under a previously obtained consent. Before administering COVID-19 Vaccine, Organization must provide an FDA Emergency Use Authorization (EUA) Fact Sheet, FDA Vaccine Information Fact Sheet, or CDC Vaccine Information Statement (VIS), as applicable, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.

7. **CDC COVID-19 Vaccination Record Card**

Organization must provide a completed CDC COVID-19 vaccination record card to every COVID-19 Vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative, or otherwise maintain the card in the resident's facility records.

8. **Handling and Storage**

The designated enrolled pharmacy, under the terms of its provider agreement, is authorized to provide Organization only single dose vials of COVID-19 Vaccine. Organization must store and handle such single dose COVID-19 Vaccine vials under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with CDC requirements at: <https://www.cdc.gov/vaccines/covid-19/lctf-sub-provider-agreement.html>. Organization must also monitor and comply with COVID-19 Vaccine expiration dates. Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by federal, state, local, or territorial law.

9. Organization must report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS), as required by CDC. See reporting requirements at: <https://vaers.hhs.gov/reportevent.html>

10. Organization consents to site visits by jurisdictions and CDC for quality assurance purposes, and consents to release Vaccine Administration Data to CDC upon CDC request.

11. Organization must complete and submit the Agreement at <https://protect-ows.hhs.gov/secure-upload/forms/hiffl4creafa4uk4qpvorelbns> prior to administering any COVID-19 vaccine.

12. Unless extended by CDC, this Agreement will terminate on March 15, 2023.

Upon receipt of COVID-19 vaccine from a pharmacy provider enrolled in the CDC COVID-19 Vaccination Program, your Organization will be deemed to have agreed to the requirements of this Agreement, and certifies that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 Vaccine understand and will comply with the Agreement.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and imposition of criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 *et seq.*, and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.³

Chief Medical or Nursing Officer (or Equivalent)

Last name First name Middle initial

Date:

Chief Executive Officer (or Chief Fiduciary)

Last name First name Middle initial

Date:

For official use only:

IIS ID, if applicable: _____

Unique COVID-19 Organization ID: _____

³ See Pub. L. No. 109-148, Public Health Service Act § 319F-3 and § 319F-4, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020), as amended.